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OCT 25 2005

October 25, 2005

VIA FACSIMILE

571-273-8300
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Revocation of Power of Attorney and Appointment of New Power of Attorney
U.S. Serial No.: 09/977,615

Dear Sir:

I recently have learned that the above-referenced document -- originally sent via facsimile on July 18, 2003 -- was either not received or entered by the Office. Enclosed please find a copy of the Auto-Reply Facsimile Transmission cover sheet that I received from the Office acknowledging that a total of three (3) pages were received on July 18, 2003, all of which pertained to the above-referenced document.

Also enclosed please find a re-submission of the original revocation and new appointment powers (dated July 18, 2003). Please enter this document so as to modify internal PTO records such as PAIR.

If you have any questions, please feel free to call me at (608) 662-9000 ext. 345.
Thank you.

Sincerely,
ERAGEN BIOSCIENCES, INC.

A handwritten signature in black ink, appearing to read "Gregory T. Pletta".

Gregory T. Pletta
Reg. No. 47,864
Customer No. 33,534

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PTO/SB/98 (04-03)
Approved for use through 04/30/2003, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: ERAGEN BIOSCIENCES, INC.

Application No./Patent No.: 09/977,615 Filed/Issue Date: 10/15/2001

Entitled: SOLID SUPPORT ASSAY SYSTEMS AND METHODS UTILIZING
NON-STANDARD BASES, a CORPORATION

(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

the assignee of the entire right, title, and interest; or

an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %
In the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012511, Frame 0479, or for which a copy thereof is attached.

OR

B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

[] Additional documents in the chain of title are listed on a supplemental sheet.

[] Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

JULY 18, 2003

Date

(608) 662 - 9000

Telephone number

IRENE HRUSOVSKY, M.D.

Typed or printed name

Irene Hrusovsky

Signature

PRESIDENT & CEO

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/82 (08-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
ATTORNEY and APPOINTMENT OF
NEW POWER OF ATTORNEY**

Application Number	09/977,615
Filing Date	10/15/2001
First Named Inventor	GRENIER
Art Unit	1645
Examiner Name	
Attorney Docket Number	ERA-PATO15

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners at Customer Number: 

33534

PATENT TRADEMARK OFFICE

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: 

OR

33534

PATENT TRADEMARK OFFICE

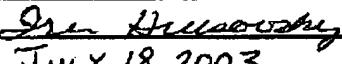
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City			
Country	State	Zip	
Telephone	Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	IRENE HRUSOVSKY, M.D.		
Signature			
Date	JULY 18, 2003	Telephone	(608) 662 - 9000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO/SB/21 (05-03)
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**TRANSMITTAL
FORM**

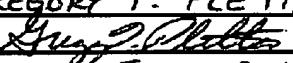
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number 09/977 615 Filing Date 10/15/2001 First Named Inventor GRENIER Art Unit 1645 Examiner Name unknown
Total Number of Pages in This Submission 3		Attorney Docket Number ERA-PAT015

ENCLOSURES (Check all that apply)

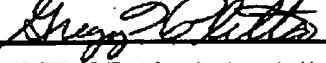
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	GREGORY T. PLETTA (47,864)		
Signature			
Date	JULY 18, 2003		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage so first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	GREGORY T. PLETTA		
Signature			
	Date	JULY 18, 2003	

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

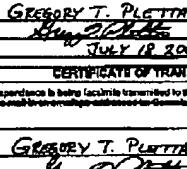
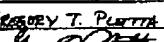
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ERAGEN BIOSCIENCES
6086629003
Jul-18-03 16:58

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TRANSMITTAL FORM <small>(To be used for correspondence other than filing)</small>		Approved for use through October 2006, GPO: OMB Control Number 1107-0182. U.S. Patent and Trademark Office: GPO: 2005-2006: GPO: 2005-2006: GPO: 2005-2006: Application Number 09/977,615 Filing Date 10/16/2001 First Named Inventor GREGORY T. PIETTA Art Unit 1695 Examiner Name UNKNOWN Attorney Docket Number ERA-PAT-AUS	
Transmittal Form of PTO-1776 (Rev. 1-2001)			
ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> After Final (Classification) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Assistance Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts of Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Unpatented Artwork <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Reservation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Enclosed Declaration <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Name or Inventor's name Signature	GREGORY T. PIETTA (47,864) 		
Date	JULY 18 2003		
CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being (or will be) transmitted to the USPTO in accordance with the United States Postal Service or commercial package-delivery service and is being transmitted on the date shown below.			
Type or printed name Signature	GREGORY T. PIETTA 		
Date	JULY 18 2003		

This section of Information is required by 37 CFR 1.3. This information is not due to appear or attach to be sent by the person which is to be handled by the U.S.P.T.O. to prevent or reduction. Confidentiality is provided by 35 U.S.C. 137 and 37 CFR 1.14. This section is submitted to 13 in order to prevent, reducing, preventing, and reducing the transmission application form to the U.S.P.T.O. There will very likely be a transmission error or mistake in 13 or even a transmission error or mistake in the transmission of the application form to the U.S.P.T.O. Please do not be afraid to contact the U.S.P.T.O. at 1-800-787-2729 or 703-305-8000. U.S. Dept. of Compt. P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THE ADDRESS. SEND TO: Comptroller for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Page 801

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Sent By: ERAGEN BIOSCIENCES; 6086629003; Jul 18 03 18:57; Page 1													
<small>Approved for use through 04/04/2007 GPO:2006-04-05-00001 U.S. Patent and Trademark Office, 1-52744-000174-00001</small>													
TRANSMITTAL FORM <small>(As of April 1, 2002. Used for all correspondence after that date.)</small>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number:</td> <td style="width: 50%; text-align: right;">09/977 615</td> </tr> <tr> <td>Date Filed:</td> <td>10/15/2001</td> </tr> <tr> <td>First Named Inventor:</td> <td>GRELIER</td> </tr> <tr> <td>Art Unit:</td> <td>1645</td> </tr> <tr> <td>Examiner Name:</td> <td>UNKNOWN</td> </tr> <tr> <td>Attorney Docket Number:</td> <td>ERA-PAT015</td> </tr> </table>		Application Number:	09/977 615	Date Filed:	10/15/2001	First Named Inventor:	GRELIER	Art Unit:	1645	Examiner Name:	UNKNOWN	Attorney Docket Number:	ERA-PAT015
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ENCLOSURES (Check off those applied)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Assignment/Affidavit <input type="checkbox"/> After Filing <input type="checkbox"/> After-allowance Declaration <input type="checkbox"/> Examiner's Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.32 or 1.63 </td> <td style="width: 50%;"> <input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Reservation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Reband <input type="checkbox"/> CD, Number of CDs </td> <td style="width: 50%;"> <input type="checkbox"/> After Allowance Examiner Call-in to Client <input type="checkbox"/> Appeal Communication to Client: of Access to and Interference <input type="checkbox"/> Appeal Communication to Group <input type="checkbox"/> Deposit It Items, If Such It Any In The Prior Art <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please Identify Below) </td> </tr> </table>		<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Assignment/Affidavit <input type="checkbox"/> After Filing <input type="checkbox"/> After-allowance Declaration <input type="checkbox"/> Examiner's Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.32 or 1.63	<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Reservation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Reband <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Examiner Call-in to Client <input type="checkbox"/> Appeal Communication to Client: of Access to and Interference <input type="checkbox"/> Appeal Communication to Group <input type="checkbox"/> Deposit It Items, If Such It Any In The Prior Art <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please Identify Below)									
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Assignment/Affidavit <input type="checkbox"/> After Filing <input type="checkbox"/> After-allowance Declaration <input type="checkbox"/> Examiner's Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.32 or 1.63	<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Reservation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Reband <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Examiner Call-in to Client <input type="checkbox"/> Appeal Communication to Client: of Access to and Interference <input type="checkbox"/> Appeal Communication to Group <input type="checkbox"/> Deposit It Items, If Such It Any In The Prior Art <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please Identify Below)											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT													
Name or Individual name:	GREGORY T. PLETTIN (47,864)												
Signature:													
Date:	JULY 18 2003												
CERTIFICATE OF TRANSMISSION/MAILING													
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Typed or printed name:</td> <td style="width: 50%;">GREGORY T. PLETTIN</td> </tr> <tr> <td>Signature:</td> <td></td> </tr> <tr> <td>Date:</td> <td>JULY 18, 2003</td> </tr> </table>		Typed or printed name:	GREGORY T. PLETTIN	Signature:		Date:	JULY 18, 2003						
Typed or printed name:	GREGORY T. PLETTIN												
Signature:													
Date:	JULY 18, 2003												
<small>This notice of transmission is required by 37 CFR 1.13. The information is made available only to the public which is in the best interest of the Office. (37 CFR 1.13(d)(2)). The information is furnished to USPTO employees, contractors, agents, and other individuals involved in the processing of this application. The information is not furnished to the public or to third parties without the express permission of the Office. Persons who wish to receive this information may do so by filing a written request for disclosure with the Office. (37 CFR 1.13(e)).</small>													
<small>If you need assistance in drafting this form, call 1-800-PTO-9769 and select option 2.</small>													
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